into the gluteal muscles under all aseptic precautions. The dose is one and one-half minims of a 5 per cent. emulsion, which is increased by this amount until the maximum dose of fifteen minims is reached. In general, the treatment should last six months. It is claimed that this is an important remedy, the gluteal hypodermatic injections are harmless, it can cure a considerable proportion of patients suffering from pulmonary tuberculosis, but it is not a specific.—*Therapeutische Monatshefte*, 1897, Heft 9, S. 451.

Stypticin in Uterine Hemorrhage.—DR. MAX NASSUER reports in detail forty-nine instances of the use of this remedy, which is cotarnine hydrochlorate. In three instances of hemorrhage at the climacteric the results were ideal. In twelve of hemorrhage after abortion and in two after parturition the remedy was hæmostatic in a short time. In hemorrhage reappearing after curettage the results were satisfactory. In reflex or secondary hemorrhage, with diseased adnexa and uterus probably normal, the effects were excellent. For myomatous uteri the remedy seems to be efficient. In threatened abortion, in spite of the adverse report of Gottschalk, the remedy should be used not only to check the hemorrhage, but also to obtain the sedative effect which it produces similar to that of opium. The dose is one-third of a grain in a 10 per cent. aqueous solution, injected deeply into the muscles. By the mouth it may be given in grain doses four times daily.—*Therapeutische Wochenschrift*, 1897, No. 32, S. 793; No. 33, S. 827.

The Administration of Safe Anæsthetics.—MR. H. BELLAMY GARDNER writes so pointedly in regard to this subject that we quote the following: "Under the heading of 'The Safe Administration of Anæsthetics' several communications have appeared lately, chiefly devoted to the worship of weird and manifold remedies (always a sign of their futility) for the difficulties and dangers of chloroform administration. I would beg to humbly suggest that if this title were transposed and our attention, and more especially the teaching in the schools, were directed to the administration of safe anæsthetics, we should have less of the terrible mortality from chloroform which week by week is reported in the medical press of the present day. From the most carefully collected statistics we know that the mortality from chloroform in England and the Continent is very nearly 1 in 2300 administrations, that of the alcohol-chloroform-ether-mixture is 1 in 5000 cases, that of ether 1 in 13,500 inhalations, while nitrous oxide gas has a scarcely appreciable mortality, and yet practitioners in Ireland and the English provinces keep writing about chloroform as if they had never heard of ether at all. Junker's methylene and chloroform inhaler, which has been used for a score of years, was actually figured during last month as if it were a heaven-sent gift and panacea for all perturbed anæsthetists. The fact is, that several deaths have occurred in connection with its employment. It is not by 'methods' with chloroform, but by learning how to give ether and nitrous oxide gas properly that the number of these lamentable deaths under chloroform can be reduced. Those of our London anæsthetists who have a lifetime of experience rely almost exclusively upon ether and gas and ether for the whole of their routine work, only giving chloroform when ether becomes inadmissible. We must, indeed, be blind and prejudiced if, to save taking a little trouble, we go on giving chloroform to the most trivial cases requiring anæsthesia, knowing all the time that the drug is so difficult to eliminate when grave symptoms appear that we dare hardly expect to save the patient whose respiration ceases under its influence. The extreme rarity of a death from ether, and its stimulant effect upon the whole system, obvious even to a layman, is daily being more appreciated by the public, who are, after all, the best judges. They care little for the 'schools' of this and that drug; but they very rightly do not want to risk their lives for no justifiable reason, and we ought not to tempt them to do so."—*British Medical Journal*, 1897, No. 1907, p. 160.

MEDICINE.

UNDER THE CHARGE OF

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On the Theory of Addison's Disease.—MOSSE (*Fortschritte der Medicin*, 1897, No. 21) has examined the toxicity of certain organs in a typical case of Addison's disease, with atrophy and calcification of the adrenal bodies. Extracts of the adrenals, liver, and spleen were made, according to the method of Blumenthal, with physiological salt-solution saturated with chloroform and containing 0.05 per cent. of sodium carbonate. Experiments with various amounts of the extract so prepared showed that those of the spleen and adrenal, that of the liver to a less extent, were all poisonous to white mice. Control experiments with extracts of the organs of a patient dying of nephritis showed an entire absence of symptoms.

The conclusion is that the organs in Addison's disease contain a poison, and in the spleen it would seem that the poison is carried to this organ by the blood. The author draws the further conclusion that the adrenals have two functions—one the production of a physiological substance of a stimulating character, the other the neutralization of poisons formed in various parts of the body. In Addison's disease both functions are impaired.

On the Relation of Gastric Disorders to Nasal Disease.—DR. TREITEL (*Archiv für Verdauungs-Krankheiten*, Band iii. Heft 3) calls attention to this relationship, which has been curiously neglected. This neglect is all the more remarkable when we remember that gastric and pharyngeal diseases have long been recognized as frequently correlated, and recall the frequency with which pharyngeal disease has a nasal origin. French has shown how obstructive disease of the nose could set up stomach disease, by leading to in-